Nutritional advice
after bowel surgery
Introduction

It is important to remember that food and eating should be an enjoyable experience. Many new ostomates feel considerable anxiety about what they can and can’t eat and what the effects will be on their stoma output. The aim of this booklet is to provide reassurance and to encourage a varied and healthy diet with no rigid restrictions.

Reintroduction of food after surgery

After any operation it can take some time for your appetite to return and after bowel surgery it also takes a while for the gut to recover from the trauma. If you have had problems tolerating certain foods before the surgery you may also be particularly anxious about reintroducing a normal diet. In many hospitals there are protocols for the reintroduction of fluids and foods to try to build up ostomates’ confidence and to allow the bowel to settle down, and at this early stage it is often easier to cope with a light or easily digestible diet, i.e. one that is not too spicy, fatty, highly flavoured or too high in fibre. If you have lost a lot of weight before and/or immediately following surgery then it will be important to try to regain a healthy weight.

- Eat small meals with between meal snacks around 4-6 times per day especially if your appetite is poor
- Make sure you include some protein foods such as meat, fish, eggs, cheese and milk (not just starchy foods such as potatoes or bread) at each meal to aid healing
- Eat in a relaxed setting, eat slowly and chew your food well to aid digestion
- Limit fruit, vegetables, wholegrain bread and cereals, coffee and other bowel stimulants such as alcohol initially
- Drink plenty of fluid – at least 6 cups a day (at least 8-10 a day if you have an ileostomy)
Eating a healthy diet

Once your appetite has returned and your stoma output is normalising you can gradually reintroduce a more varied diet. Include a range of foods from each of the following food groups to make sure you have a balanced diet:

- Protein rich foods such as meat, fish, eggs, nuts, lentils and beans
- Protein and calcium rich dairy foods such as milk, cheese and yoghurt
- Starchy foods such as bread, rice, potatoes, pasta
- Fruit and vegetables
- Fat – if you are underweight, fat is an important source of energy. Include olive oil in cooking, butter in mashed potatoes and full cream milk in drinks and milk puddings. By including oily fish in the diet at least twice a week you can also ensure an adequate intake of omega-3 essential fatty acids. If you are overweight you should limit your fat intake.

Keep to current recommended limits for alcohol consumption (no more than 1-2 units per day for women and 2-3 units for men) as too much alcohol may make bag changes difficult and can lead to dehydration. Beers and fizzy drinks may also cause problems with diarrhoea and wind.

Watching what you eat

In the early days of managing your stoma you may be embarrassed by certain sounds, smells and the amount or consistency of your stoma output. Over time and as your gut settles down you will learn which foods cause changes in your stool consistency, excessive gas or odour or which pass through the gut completely unaltered. There is no need to eliminate these foods but you may choose to limit their intake or restrict them to times when you will not be socialising. Some foods can also change the colour of bag contents, in the case of beetroot this can be alarming as it can be mistaken for bleeding if unaware.
Wind

Wind is a normal product of digestion but there are certain tips to follow which may help to avoid excessive amounts:

- Eat regular meals in a relaxed environment
- Eat slowly and chew food thoroughly
- Try not to talk or to gulp food down as you may swallow more air
- Avoid fizzy drinks
- Add peppermint essence (available from the chemist) to hot water and sip slowly
- Drink peppermint or fennel tea
- You may wish to try chewing charcoal tablets

Certain foods commonly cause wind but every individual responds differently. If you are having a problem with wind and are eating any of the foods from the list below you may want to try excluding them and then reintroducing them one by one to see how they suit you:

- Green vegetables such as cauliflower, sprouts, beans, cabbage
- Peas, sweetcorn
- Baked beans
- Onions, garlic
- Mushrooms, cucumber
- Root vegetables such as parsnip, swede, turnip
- High fibre starchy foods such as wholemeal bread and wholegrain cereals
- Fizzy drinks including beer
- Chewing gum
**Odour**

Many ostomates worry about odour. If the stoma bag fits well there should be no smell except when changing it. If you notice a smell from your bag, do check it as there may be a leakage under the flange and the bag will need changing.

It is normal for the smell of the bag contents to differ from what you were used to before your surgery because part of the bowel has been removed. If you are worried about lingering smells you can strike a match after changing your bag and this will help to reduce any odour.

Certain foods may increase the smell of your stoma output, for example onions, cauliflower and some green vegetables such as cabbage but this varies a lot between individuals. There is no need to cut out any of these foods but you may want to limit their intake on social occasions or use products to reduce the odour. Drinking buttermilk and/or eating yoghurt or parsley can help to reduce odours from colostomy and ileostomy bags. In the case of urostomates, asparagus and fish will make the urine smell when the bag is emptied.

Proprietary odour absorbers are available to buy in the supermarkets. These are different from room sprays and are sprays or gels that have no perfume but break down smells rather than adding a further masking odour. Specialised deodorants such as Limone™ are available on prescription and can be effectively added to your bag. Peppermint oil capsules have also been found to be useful inside the bag.
Diarrhoea

Diarrhoea (frequent loose watery output) can be caused by several factors, including illness, stress, diet and some medications. If you develop diarrhoea that you think is caused by illness, a tummy upset or food poisoning or if it is very severe or persists for more than 2 days it is important to seek medical advice from your GP. Some Type 2 diabetics who take metformin may find that this medication causes diarrhoea. If this becomes a problem inform your GP or diabetic nurse. Some antibiotics can also cause diarrhoea.

Some individuals find that stress, especially if it is severe and ongoing, causes major problems with diarrhoea and pain. Medication may be needed to slow down bowel movement. Stress management and relaxation techniques may also be helpful in managing stress and in minimising bowel effects.

If you think the diarrhoea is due to a change of food, water or daily routine some of the following tips may help:

- Reduce the amount of high fibre foods in your diet, e.g. beans, lentils, fruit and green vegetables
- Avoid spicy food particularly containing chilli powder and very fatty foods
- Keep coffee, fruit juices and alcohol to a minimum as these can increase output. Alcohol is also very dehydrating so avoid if experiencing diarrhoea
- Include plain starchy foods such as rice, pasta, white bread, porridge and bananas. You can also try eating starchy marshmallows or jelly babies (approx 200g)

Remember to drink plenty of fluids even if your appetite is poor. This is particularly important if you have an ileostomy, in which case it is also important to increase your intake of salt to prevent dehydration. If you are unable to tolerate meals try taking salt in the form of meat extract drinks such as Oxo or Bovril and eat dry savoury crackers. In emergencies, crisps and a bottle of Lucozade can be used. If increasing your fluid intake further increases your stoma output seek medical advice.
Dieting

Although unwanted weight loss is a common problem before and immediately following surgery, long-term many people find that they gain too much weight and may decide to cut down. Sensible dieting or healthy eating will not harm your stoma but it is advisable to seek medical advice before you begin. It is important to avoid crash and fad diets and never to skip meals as this may result in loose watery output for those with ileostomies. It is also important not to reduce your fluid intake but liquid only diets are not recommended. The best way to lose weight is by reducing your intake of sugary and fatty foods and alcohol and by increasing your exercise levels – especially walking. Aim for a slow but steady weight loss of no more than 1kg a week.

Nutritional advice for colostomates

Following a colostomy there is no need for rigid dietary restrictions, rather a healthy varied diet with plenty of fluid intake is encouraged. Colostomates may however suffer from constipation.

Constipation

- First check that you are not taking any medications that can cause constipation including some painkillers, antidepressants as well as antidiarrhoeal drugs
- Drink plenty of fluids especially water – at least 1.5 litres a day
- Eat regular meals and slowly increase the amount of fruit and vegetables in your diet, especially rhubarb, prunes, apricots, figs and oranges, making sure to chew food (especially dried fruit) thoroughly
- Eat more porridge oats, wholemeal bread, wholegrain cereals, beans and lentils
- Try food and drinks containing root ginger and liquorice
- Exercise regularly
Nutritional advice for ileostomates

Over time the small intestine adapts and your stoma output should thicken up (to a porridge-like consistency) and reduce to around 400-800ml (4-5 bag changes per day) so that you are able to manage a normal diet. Make sure you eat regularly as this helps to regulate stoma function. Occasionally, some people have continuing problems with stool frequency or consistency in which case you may need to take medication to control it.

Fluid intake

Although a good fluid intake is an important part of any healthy diet it is particularly important for those with an ileostomy. In order to prevent dehydration you should try to drink 8-10 cups of fluid a day. Avoid or restrict alcohol as this is dehydrating. As salt losses are very high it is also important to take extra salt. If you take part in vigorous physical exercise such as competitive sport or if the weather is very hot you will need to take extra care to drink enough fluid and to further increase your salt intake. Isotonic drinks such as Lucozade Sport can be useful for ileostomates if taken with salty snacks such as crisps.

N.B. if your stoma output is high (more than 1 litre) or you are sweating (through exercise or hot weather) then you may need to take additional fluids that contain salt. Speak to your dietitian or doctor for advice on what you should take.

Blockages

Blockage with undigested food residues can sometimes occur especially if the stoma or anastomosis is tight. A food blockage results in minimal watery or no output from the stoma. In most cases it will resolve spontaneously but if symptoms persist you should seek medical advice. For the first few weeks following surgery and later if you experience repeated obstructions you may be advised to modify your fibre intake. For most ileostomates this is unnecessary and avoidance of a few foods most likely to cause blockage is sufficient to prevent problems, i.e. sweetcorn, fruit and vegetable skins and pips, nuts, seeds, coconut, muesli, wholegrains, dried fruits, fibrous fruits and vegetables such as celery, bamboo shoots, pineapple and mango. It is also very important to chew all food thoroughly, especially meat and high fibre foods.
**Nutritional advice for urostomates**

Urostomates don’t need to follow any dietary restrictions, however, you are advised to follow these simple guidelines:

- In hot weather drink plenty of fluids to prevent urine becoming concentrated as this can increase the risk of urinary tract infections.
- Eat foods high in vitamin C such as oranges and natural fruit juice, especially cranberry juice. This helps to keep the urine acidic and can help to reduce the likelihood of urinary tract infections. A glass of cranberry juice a day may also help to reduce the amount of mucus produced by your stoma (N.B. if taking warfarin don’t drink cranberry or grapefruit juice).

Some foods and medications can change the colour and smell of urine:

- Fish, asparagus, onions, garlic and some spices can make urine smell.
- Beetroot can turn urine red and some drugs also cause colour changes, e.g. senna (yellow or brown), some iron medication (black), some antibiotics (red-brown), warfarin (orange), some antidepressants (blue-green).
Travel advice

Most ostomates find that a complete change of pouch just before leaving home for any long journey gives them the maximum security from possible leakage. If you have a urostomy it may help to attach a leg bag for extra capacity. Your stoma care nurse can tell you which make would be compatible with your current urostomy pouch.

Flying

The only possible problem with flying is that you tend to produce more wind due to changes in cabin pressure, but by avoiding fizzy drinks whilst on the journey you can help reduce the problem. Booking an aisle seat is useful as it makes it easier to get to the toilet.

Holiday tummy and how to avoid it

A change in water, climate and food can upset anyone’s bowels, whether they have a stoma or not. We’ve all heard of the traveller’s trots or Montezuma’s revenge! It’s wise then to take precautions:

- Drink plenty of fluid in hot climates in view of the amount lost in sweating
- Use only bottled water for drinking and cleaning your stoma
- Avoid ice cubes and salad which may have been washed with tap water
- Highly spiced and exotic foods should be approached with caution especially if you are not used to eating them at home
Diarrhoea

Take an antidiarrhoea drug, such as Imodium with you and some Dioralyte sachets just in case holiday tummy does strike. If you usually use a closed pouch, take some drainable pouches with you so that you don’t have to keep changing your pouch when you feel under the weather. This also means you will not have the potential problem of running out of supplies in a foreign country. It’s wise to take double your normal supply anyway when you go away anywhere just in case of emergencies.

Should diarrhoea strike, don’t stop drinking. If anything, try to drink as much fluid as possible to replace what’s being lost.

When you have diarrhoea you lose more sodium and potassium. If you have an ileostomy and develop diarrhoea then you could become dehydrated.

Try to drink plenty of boiled water to replace fluids, and also fruit juices to replace potassium, and soups and Bovril to replace sodium. Adding salt to whatever food you can manage will help and you can also try taking Dioralyte solution. If the diarrhoea continues for 2 or more days or is severe, you should seek medical attention.
For confidential stoma advice and free product samples please contact the CliniMed Careline on freephone

0800 036 0100

Acknowledgements

Dr Lynn Harbottle, Consultant in Nutrition, Princess Elizabeth Hospital, Guernsey

Andrea Le Page, Clinical Nurse Specialist – Colorectal and Stoma Care, Princess Elizabeth Hospital, Guernsey

The Guernsey Ostomates